

UnitedHealthcare Community Plan of Pennsylvania Medical Policy Update Bulletin: January 2023

Access a policy listed below for complete details on the latest updates. A comprehensive summary of changes is provided at the bottom of every policy document for your reference. To view a detailed version of this bulletin, click [here](#).

Take Note

Annual HCPCS Code Updates

Effective Jan. 1, 2023, all applicable Medical Benefit Drug Policies have been updated to reflect the 2023 Healthcare Common Procedure Coding System (HCPCS) code additions and deletions. Refer to the [Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System: HCPCS Level II](#) for information on the code updates. For the list of impacted policies and corresponding details, click [here](#).

Medical Policy Updates

Policy Title	Status	Effective Date
Abnormal Uterine Bleeding and Uterine Fibroids (for Pennsylvania Only)	Revised	Mar. 1, 2023
Airway Clearance Devices (for Pennsylvania Only)	Revised	Mar. 1, 2023
Apheresis (for Pennsylvania Only)	Updated	Mar. 1, 2023
Balloon Sinus Ostial Dilation (for Pennsylvania Only)	Revised	Jan. 1, 2023
Bronchial Thermoplasty (for Pennsylvania Only)	Updated	Mar. 1, 2023
Computer-Assisted Surgical Navigation for Musculoskeletal Procedures (for Pennsylvania Only)	Updated	Mar. 1, 2023
Electric Tumor Treatment Field Therapy (for Pennsylvania Only)	Revised	Mar. 1, 2023
Electrical and Ultrasound Bone Growth Stimulators (for Pennsylvania Only)	Updated	Mar. 1, 2023
Epiduroscopy, Epidural Lysis of Adhesions and Discography (for Pennsylvania Only)	Updated	Mar. 1, 2023
Gender Dysphoria Treatment (for Pennsylvania Only)	Revised	Mar. 1, 2023
Genetic Testing for Neuromuscular Disorders (for Pennsylvania Only)	Revised	Mar. 1, 2023
Inhaled Nitric Oxide Therapy (for Pennsylvania Only)	Updated	Mar. 1, 2023
Light and Laser Therapy (for Pennsylvania Only)	Updated	Mar. 1, 2023
Lithotripsy for Salivary Stones (for Pennsylvania Only)	Updated	Mar. 1, 2023
Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia (for Pennsylvania Only)	Revised	Mar. 1, 2023
Nerve Graft to Restore Erectile Function During Radical Prostatectomy (for Pennsylvania Only)	Updated	Mar. 1, 2023
Obstructive and Central Sleep Apnea Treatment (for Pennsylvania Only)	Revised	Mar. 1, 2023
Oral and Enteral Nutrition (for Pennsylvania Only)	Revised	Feb. 1, 2023
Preimplantation Genetic Testing and Related Services (for Pennsylvania Only)	Revised	Feb. 1, 2023
Prostate Surgeries and Interventions (for Pennsylvania Only)	Revised	Mar. 1, 2023

Policy Title	Status	Effective Date
Sensory Integration Therapy and Auditory Integration Training (for Pennsylvania Only)	Updated	Mar. 1, 2023
Skilled Care and Custodial Care Services (for Pennsylvania Only)	Revised	Mar. 1, 2023
Spinal Fusion and Bone Healing Enhancement Products (for Pennsylvania Only)	Revised	Mar. 1, 2023
Surgery of the Elbow (for Pennsylvania Only)	Revised	Mar. 1, 2023
Surgery of the Hip (for Pennsylvania Only)	Revised	Mar. 1, 2023
Surgery of the Knee (for Pennsylvania Only)	Revised	Mar. 1, 2023
Surgery of the Shoulder (for Pennsylvania Only)	Revised	Mar. 1, 2023
Total Artificial Heart and Ventricular Assist Devices (for Pennsylvania Only)	Updated	Mar. 1, 2023
Unicondylar Spacer Devices for Treatment of Pain or Disability (for Pennsylvania Only)	Updated	Mar. 1, 2023
Virtual Upper Gastrointestinal Endoscopy (for Pennsylvania Only)	Updated	Mar. 1, 2023

Medical Benefit Drug Policy Updates

Policy Title	Status	Effective Date
Leqvio® (Inclisiran)	Retired	Jan. 1, 2023
Maximum Dosage and Frequency (for Pennsylvania Only)	Revised	Jan. 1, 2023
Oncology Medication Clinical Coverage (for Pennsylvania Only)	Updated	Jan. 1, 2023
Reblozyl® (Luspatercept-Aamt)	Revised	Feb. 1, 2023

Utilization Review Guideline Updates

Policy Title	Status	Effective Date
Outpatient Surgical Procedures – Site of Service (for Pennsylvania Only)	Revised	Feb. 1, 2023

General Information

The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare is adopting a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable federal or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Medical Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Community Plan of Pennsylvania Medical Policy, Medical Benefit Drug Policy, Coverage Determination Guideline, and Utilization Review Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Policy Update Classifications

New

New clinical coverage criteria have been adopted for a health service (e.g., test, drug, device or procedure)

Updated

An existing policy has been reviewed and changes have not been made to the clinical coverage criteria; however, items such as the clinical evidence, FDA information, and/or list(s) of applicable codes may have been updated

Revised

An existing policy has been reviewed and revisions have been made to the clinical coverage criteria

Replaced

An existing policy has been replaced with a new or different policy

Retired

The health service(s) addressed in the policy are no longer being managed or are considered to be proven/medically necessary and are therefore not excluded as unproven/not medically necessary services, unless coverage guidelines or criteria are otherwise documented in another policy



The complete library of UnitedHealthcare Community Plan of Pennsylvania Medical Policies, Medical Benefit Drug Policies, Coverage Determination Guidelines, and Utilization Review Guidelines is available at UHCprovider.com/Pennsylvania > Medicaid (Community Plan) > Current Policies and Clinical Guidelines > [UnitedHealthcare Community Plan of Pennsylvania Medical & Drug Policies and Coverage Determination Guidelines](#).